_	Due no later than Dec 31, 2002	
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BO
SECRETARY OF STATE	 Mailing Address: Conect in this box of applicable 	L H ANDERSON
700 WEST JEFFERSON	L. H. ANDERSON M.D., P.A.	500 S 11TH AVE NO 301
PO BOX 83720	LYNN H ANDERSON	
BOISE, ID 83720-0080	BOX 4884	POCATELLO, ID 83201
NO FILING FEE IF	POCATELLO, ID 83205 4884	3. New Registered Agent Signature
RECEIVED BY DUE DATE	0 0 7 1 2 2 2 0 7 0 0 2 0 0 4 0 0 4	
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	6. Signature Almalusen Name Printed or LH ANDERS on	Date

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